STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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-	REĞ.

- STATE REGISTRAR 20 DATE OF DEATH I DECEASED NAME 2b. HOUR (TYPE OR PRINT) 45 86 Algire Helen M. 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3 SEX 5 DATE OF BIRTH MONTH YEAR 1890 96 YRS Female White 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED COUNTRY Calvert DIVORCED WIDOWED Maryland

O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH EACHLITY, GIVE STREET ADDRESS)
Calvert House Nursing Home Pr. Frederick

120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE hwf

Main St.

126 KIND OF BUSINESS OR INDUSTRY

21074

Marvland Carroll 14 FATHER'S NAME FIRST George

MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

LIF YES GIVE WAR OR DATEST

13h COUNTY

LAST Schuvler 166. SOCIAL SECURITY NO

Clara 17 INFORMANT G.

15 MOTHER'S MAIDEN NAME

NO T

MIDDLE ADDRESS

Reed Chesapeake

APPROXIMATE INTERVAL

IYES, NO OR UNKNOWN

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0)

Mr.

Watson Algire.

13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE

Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last

DUE TO, OR AS A CONSEQUENCE OF

13c. CITY OR TOWN

Hampstead

220-26-5080

CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to

CITY OF TOWN

STAFF DIRECTOR PHYSICIAN

IFICATION 90 DATE OF CHERATION CERT

100

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

20g AUTOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO X

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING TE CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY

21f LOCATION STREET

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

STATE

Md.

AT WORK NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from _

AT HOME STREET FACTORY, OFFICE, FARM, ETC)

, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

ATTENDING PHYSICIAN 22e ADDRESS

FREDERICK

MEDICAL

Burial

MEDICAL

24 FUNERAL DIRECTOR

23g BURIAL CREMATION, REMOVAL

10-10-86

23c NAME OF CEMETERY OR CREMATORY

DEGREE

23d LOCATION Hampstead Cemetery Hampstead

Carroll

276 SIGNATURE

Funeral Home

DHMH - 16 60M 7/84 (VRA 15, 4)

entol

MPORTANT:

ld b



Ille funeral director page 3

executed within 24 hours ofter

FOR 1 - STATE STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CEPTIFICATE OF DEATH

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6		a di can	O	C
DEC	· NO			

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

1	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
	ECEASED NAME FIRST		WIGGLE	L	ASI		нтиом	QAY YEAR	26 HOUR
{TYP	Millio	im (F. F	300	cett	Goto	ber	13,1986	4:15AM
3. SE		4. RACE	,	5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER ' YEAR	IF UNDER 24 HRS
M	ale	White		July	20. 1910	76	YRS	MONTHS DAYS	HOURS MIN.
₩. B	BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8		9 BALTIMORE CITY O		Y OF DEATH	
	aryland	USA		WIDOWE	D A NEVER MARRIED DIVORCED	Calvert			MD
	CITY OR TOWN OF DEATH	11. NAME OF		IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATI			F BUSINESS OR
-	ince Frederick	Calver	t Nursing	Cent	er	Contractor			ruction
13a.	JAL RESIDENCE (IF NURSING HOME STATE 136 COL LTYLAND CA.		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Lusby		YES NO 🛣	SR #2, Box			
1	aniel Barrett,	MIDDLE	LAST		Annie Allen	WIDDIE		LAS	51
_	WAS DECEASED EVER IN U.S. A		1166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRE	SS		
	IYES NO OR UNKNOWN) (IF YES O	NA A	217-16-	6377	Marie M. Ba	rrett, Same	as #	#13 A-E	
7	Canditions, if ony, which gave rise to immediate couse (o), stating the underlying couse last. PART 2 OTHER SIGNIFICAN	ATE CAUSE (0) DUE TO, O (b) DUE TO, O (c)	R AS A CONSEQUE	ence of	Disease NOT RELATED TO THE TERM	linal Disease or con	DITION G	IVEN IN PART 1	0
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDIN	
MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE	P. PLACE	M. MONTH DA	19	211 LOCATION STREET			COUNTY	STATE
	22a I certify that (I) (this has saw the deceased alive a obave, (I) (we) (did) (did) 27b SIGNATURE	Bernett	per 4 198	6, ar	DEGREE ATTENDING PHYSICIAN 22e ADDRESS			22c DATE	
		Bennet	tM.D.			o, Lusby	Mo	1.2069	57
	BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d LOCATION CHY OR TOWN LIDSby. Ca	lver	COUNTY	STATE

Donald V. Borgwardt

Port Republic, Maryland 20676

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

Box

10 FUNERAL DIRECTOR. After this certificate has been signed by the offer

TENDING PHYSICIAN: The low

estimed by the haspital or attending physician.

BP.

and the detached for use as the bunal-transit permit. Then please re the second Dept of Health and Mental Hygiene prior to bunal, crem

any injury, ar ather

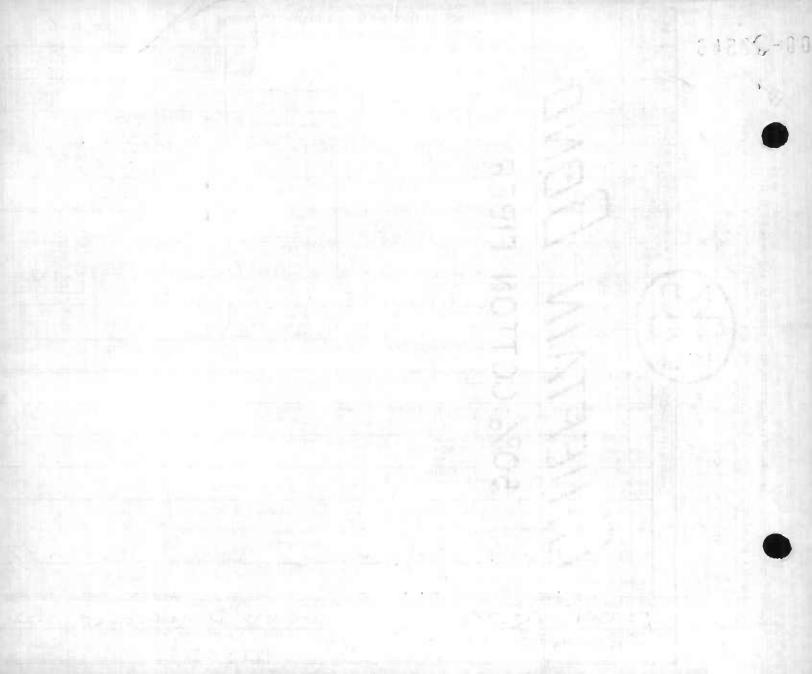
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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 00-22546 REGISTRAR REG NO DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED Vashti BOSWEL Ouerv 4. RACE 6. AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 25 36 DEAD female white 56 YRS BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY USA Washington DC WIDOWED DIVORCED Calvert County MD. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Prince Frederick Md Calvert Memorial bookkeeper accounting So. STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Anne Arundell Rose Haven MarylAND YES 🗌 NO 1 Albany Ave 20714 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST LAST FIRST Roy Turner Pearl Elizabeth Ouery WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS (IF YES, GIVE WAR OR DATES) 38 3263 no n/a n/a Richard F. Boswell same as CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (c OR AS A COMSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 id 190 DATE OF OPERATION USED) 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO [21g EXTERNAL CAUSE WAS 2Th TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 19 21e PLACE OF INJURY (AT HOME. 211. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDE TO FUNERAL DIRECTOR; PAGE 3 AFTER DEATH, WITH THE STATE DE BAHJIMORE, MARYLAND, 21201 STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Inspection and in my apinion death resulted fram: Suicide Hamicide Natural causes Accident Undetermined manner TITLE (SPECIFY) SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME Dr. Emad Banna M. D 23d. LOCATION 230 BURTAL, CREMATION, REMOVAL 236 DATE them Mem Gorde BP 07/84 25M 25b. REGISTRAR'S SIGNATURE OWINGS **DHMH - 17** (VR A15 ME (5))



(VRA 15, 4)

STATE OF MARYLAND

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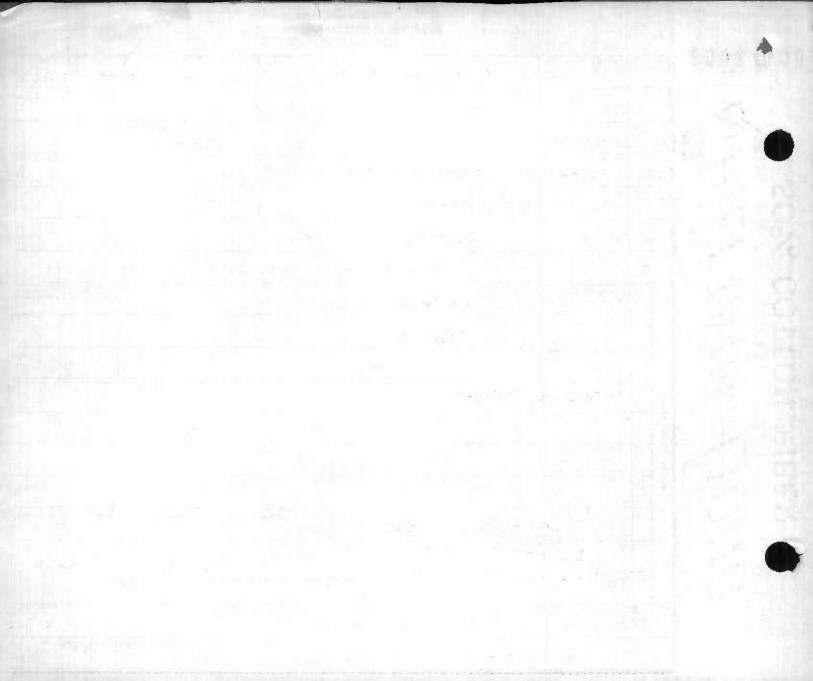
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO. 20 DATE OF DEATH 1. DECEASED NAME MONTH 2b. HOUR (TYPE OR PRINT) DAISY CARRICK Oct. 25, 1986 11:52pm 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR 3 SEX White NOTONIH 30 DAY 1908AR Female 77 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED . NEVER MARRIED Maryland USA CAL VERT WIDOWEDF 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR INDUSTRY Home CALVERT MEMORIAL HOSPITAL HOUSEWIFE PORKING LIFE PRINCE FREDERICK BALTIMORE, MARYLAND 2120 Maryland 36 Calvert 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Charles MIDOLE Lowma'n Elmen Howard LAST 166 SOCIAL SECURITY NO. 17 INFORMANT 217 16 8902 Marian Ellen Hutchins 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YENOOR UNKNOWN) Same as #13 (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) Cardio-Pulmonary Ames PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON DUE TO, OR AS A CONSEQUENCE OF SEPS is - Shock Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO Leukemie - advanced stage CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY CITY OF TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 22a. I certify that (I) (this haspital) attended the deceased from, saw the deceased alive on 10/257 , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c DATE SIGNED F.A. CATTENDING PHYSICIAN 10/26/86 DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS MPORT, MEHESH SHAH, M.D. 236 NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery 230 BURIAL, CREMATION, REMOVAL 23b. DATE 290ct1986 23d. LOCATION (SPECIFY) Burial Suitland Maryland BP 24 FUNERAL DIRECT DE WILHELM FUNERAL HOME DHMH - 16 60M 7/B4 Suitland Maryland (VRA 15, 4)

Mary Comments of the Comment

(VRA 15, 4)

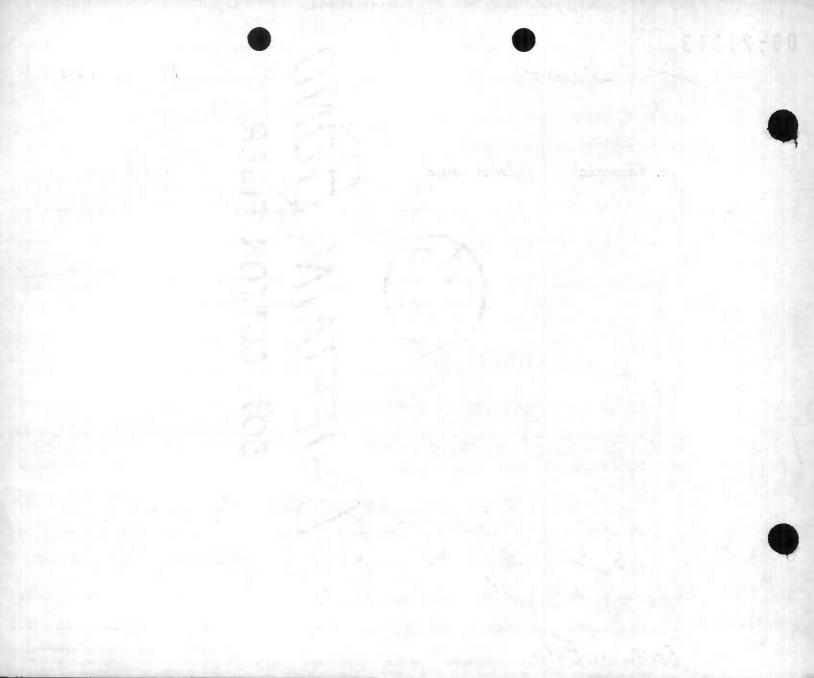
STATE OF MARYLAND



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•			I. DECE.	ASED NAME FIRST	_	WIDDLE	Α	AST	2a DATE OF DEATH	MONTH DA	2	No. HOUR
	noy be poge 3	1	(TYPE OR	E HARR		DEAN	COC	HRAN		10 8		SPM
	ctor, po	7	1 SEX	Male	4. RACE White		5. DATE O	offay feet	189 IN YEARS LAST B			HOURS MIN.
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	the part of	0	Iow		USA		WIDOW					MD.
	ofter of	9		ORTOWN OF DEATH Frederick	(IF NOT IN SU	HOSPITAL, NURS JCH FACILITY, GIVE STRI TT Memor:	ET ADDRESS)	OR OTHER INSTITUTION	12g USUAL OCCUPA (TYPE OF WORK FOR MOST Forestor		126. KIND OF INDUSTRY U.S. G	BUSINESS OR
2120	hin b	5 /	USUAL	RESIDENCE (IF NURSING HON	E OR OTHER INSTITUTIO	N. GIVE RESIDENCE BEF	ORE ADMISSION)		4		_0.5. 0	104. 0
AND A	the party of the p	3			lvert	Port R			General D	elivery	, 20676	5
487	7 15.31	11		FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN N	WIDDLE		LAST	
₹		L		eb C. Cochra		116b SOCIAL SE	CUBITY NO	Jennie Pig		RESS		
IMORE	Poor Poor	1			GIV WAR OR DATES)	218-38			Cochran, Sa		13 A-E	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B.	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate certificate the retained by the hospital are oftending physician. TO FUNERAL DIRECTOR: After this certificate has been uppered by the oftending physician should be detached for use as the buriol-transit permit. Them plurate retainer certaining physician with the State Dept. of Health and Mental Hygene prior to buriol-transition or remove.	Y X Y	WEDICAL CERTIFICATION The state of the stat	Conditions, if any, which gove rise to immediate ouse (a), stating the underlying cause last art 2. OTHER SIGNIFICAL ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF CIFETING CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTION CONTRIBUTION CONTRIBUTING CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRI	DUE TO, (b) DUE TO, (c) DUE TO, (d) DUE TO	DR AS A CONSECTION OF A CONSECTION OF INJURY A.M. MONTH P.M. E OF INJURY 1 IREET, FACTORY, OFFICE the deceased from y after death. 19 1986 1986 1986	UENCE OF LILY DEATH BUT TO DEATH BUT TO DEATH BUT TO DEATH BUT TO DEATH ETC) E. FARM ETC) E. NAME OF C. LETTO DEC.	216. HOW INJURY OCCU 216. LOCATION 216. LOCATION STREET 220. 19 and that in-law) (our) apinion DEGREE ATTENDING PHYSICIAN 22e. ADDRESS EMETERY OR CREMATORY 23e. D. 21d. LOCATION 21d. LOCATI	n death accurred an the MEDICAL ST DIRECTOR PHYS	IN CERTIFYI YES JURY IN ITEM 18 PAR TOWN date and haur of	WERE FINDING NG CAUSES O	STATE STATE STATE STATE STATE STATE
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1 1	FOR	DEPART	MENT OF HEALTH AND MENTAL HY	SIENE 8 6	2882
13	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	PECEASED NAME FIRST	MIDDLE	LAST	TO DATE OF DEATH MONTH	DAY YEAR 26 HOU
4	1 9 MY	tte Louise (ex /	10	09 86 10:5
1 1.5	EX	4. RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	HE UNDER I YEAR IF UNDER
0	Female	White	Sept, 10 190		
170.	BIRTHPLACE IN ATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED DEVERMARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
2	Maryland	USA	WIDOWED DIVORCED	Calvert	
ZI o	r. Frederick	IF NOT IN SUCH FACILITY, GIVE STREET (avert House	NG HOME OR OTHER INSTITUTION (ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126 KIND OF BUSING INDUSTRY SEWIFE
5 K 175	STATE 13b CC	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR DUNTY 13c. CITY OR TOV LVert Hunting	VN 13d. INSIDE CITY LIMITS3	130.STREET ADDRESS / ZIP CODE Cox road	2063
-	FATHER'S NAME		15 MOTHER'S MAIDEN NA	ME	(0 0)
8	Julius Gil	MIDDLE LAST	Cora T	rott	J AST
160	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166. SOCIAL SEC		ADDRESS	
/	(YES, NO OR UNKNOWN) (IF YES	a 21854960	9 Homer C.	C9x cox sar	me as 13
	18 CAUSE OF DEATH (Enter	anly ane cause per line far fo), (b), ai	ndic. 0 -	00	APPROXIMATE INTE
		JATE CAUSE (a Were	oschrolie Vas	Sesenso	
		DUE TO, OR AS A CONSEQU	ENCE OF		
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	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF		
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IFICATION	cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	IT CONDITIONS CONTRIBUTING TO		200 AUTOPSY? 20b. IF YES	S, WERE FINDINGS USE FYING CAUSES OF DEA
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME 2g. DATE OF DEATH MONTH YEAR 2b. HOUR Edward Bennett Davidson 10-8-86 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) F UNDER ! YEAR MONTH male white DAY YEAR 9/2/05 YRS 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Virginia Calvert WIDOWED T DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126 KIND OF BUSINESS OR Prince Frederickorn Such FACILITY, Call Vert Memorial (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Machinist U.S.Gov't ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c. CITY OR TOWN 113d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Md Oak St. & Greenwood Calvert North Beach Ave. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Eugene C. Davidson Virginia Jones 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 23129 (YES, NO OR UNKNOWN) 579-38-4569 Virginia Dorset, 710 Clayville Rd. Powhatan. V no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: Cardiaopulmonary arrest IMMEDIATE CAUSE (o)_ PRESTON ST DUE TO, OR AS A CONSEQUENCE OF itracerebral catostrophe probable stroke Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, biliary carcinoma, cerebral vascular disease CERTIFICATION 19a DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? d NO [NO YES | 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211. LOCATION 21s PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (I) (this haspital) attended the deceased from 10/8/86 sow he deceosed of e on LU/O/OO obove (1) (we) (dig) (ad ng) view the body ofter death our) opinion death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING FUNERAL old be deto MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Ronald J.Ross Jr. Box 262d Prince Frederick, Md 20678 236 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION CITY OR TOWN (SPECIFY) Burial Oct. 10.1986 Southern Mem. Gardens Dunkirk Calvert 24 FUNERAL DIRECTOR REGISTRAR 25h REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Rausch Funeral Home, Owings, PO Box 45, MD 20736 (VRA 15, 4)

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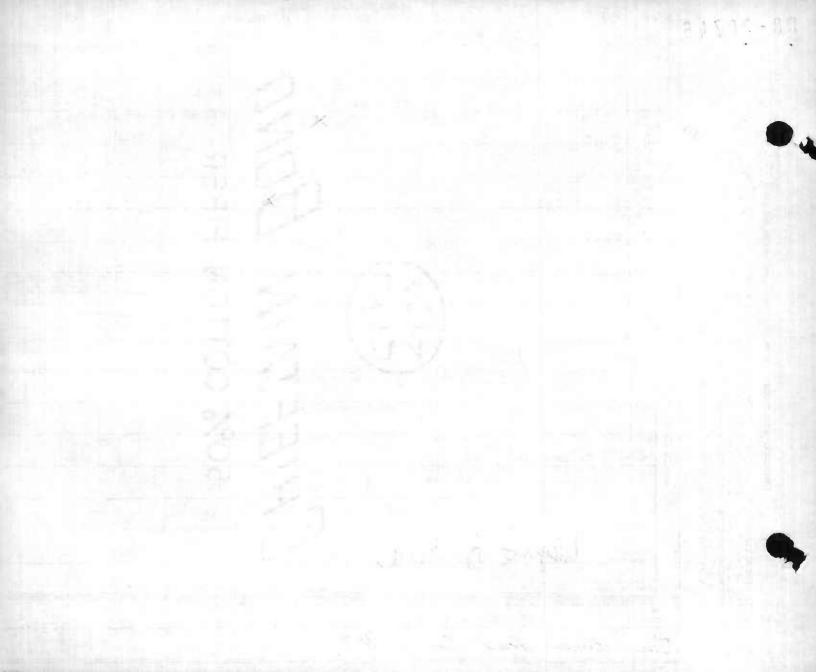
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR DECEASED NAME 28. DATE KNOWN A MONTH 7h HOUR (TYPE OR PRINT) Gaylord ESTI-William. Roscoe DEATH MATED 09 251086 IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE PRONOUNCED : 99 Male Black 8/ 6/1933 53 1086 DEAD 09 70 BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Wilson, N.C. WIDOWEDXX DIVORCED [Calvert USA 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE NOT IN SUCH FACILITY GIVE STREET ADDRESS)

Calvert Memorail Hospital rince Frederick Laborer Private WALRESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13ª STREET ADDRESS 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Md Calvert Sunderland 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Elizabeth Williams Jerry Gaylord 17. INFORMANT 5300 RESWhitfield Rd 16h SOCIAL SECURITY NO LYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Not known Not Available Jerry Gaylord Lanham, Md. 18 CAUSE OF DEATH (Enter only one cause per line for (b) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (b) stating the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, ETC. 1 STREET CITY OR TOWN COUNTY WHILE AT WORK PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE 5 27g. I certify that I tapk charge af the remains described above, held an Inspection and in my apinion death resulted from Suicide Hamicide Undetermined manner Natural causes TITLE (SPECIFY) MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) Al-BAnna. 23a BURIAL, CREMATION, REMOVAL 23b DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY Burial 10/4/86 Rest Havan Cemetery Wilson. 07/84 24. FUNERAL DIRECTOR **DHMH - 17** Horton Co.Mort. 600-Kennedy St.N.W (VR A15 ME (5))

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		A S S S E S					scribed above, held on					my opinior	n	
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what the death certificate of by the attending physical strategies on cemoral or cemoral or other traumatic event, the		Conditions, if ony, gave rise to imm couse (o), stotin underlying cause	AS CAUSE IMMEDIA which nediote g the last.	ED BY: TE CAUSE (a), DUE TO (b) DUE TO (c),	OR AS A CONSEC	QUENCE OF	Cura	7				BETWEEN	DXIMATE INTERVAL N ONSET AND DEATH
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attending the this is in the but h and Ma cked or it	MEDICAL	21d INJURY OCCURE	ILE 🗍		CE OF INJURY , STREET, FACTORY, OFFIC	CE FARM ETC)	21f LOCATION STREET			CITY OR T	own 1	COUNTY	STATE
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the hose to DIREC trocked w Dept		226. SIGN ATURE	erle	Pin	^		DEGREE	ATTENDING	# MEDICAL	ST/	AFF	22c DAT	19/XB

DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 9/21/86 24 FUNERAL DIRECTOR

224 PHYSICIAN'S NAME (TYPE OR PRINT)

Dr. Stanley P. Watkins

Emmanuel Church Cem.

51 Franklin St. Annapolis, MD 21401
METERY OR CREMATORY
Church Cem. | 123d LOCATION | Curvos lown | Calvert Calvert

MOSTATE

Rauseh Funeral Home, PO Box 45,0 wings, MD 20736

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STATE OF MARYLAND

Dist Hts

166. SOCIAL SECURITY NO.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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2883

20747

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CERTIFICATE OF DEATH

REG. NO		
DATE OF DEATH MONTH	DAY YEAR	26 HOUR
OCTOBER	2,1986	5:30
AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
75	MONTHS DAYS	HOURS MIN,

DECEASED NAME	FIRST	1	MIDDLE
BERT	RAM	7	ORD
MALE		1 RACE	HITE
Aary Land	OREIGN	76. CITIZEN OF	WHAT COUNTRY?
ITY OR TOWN OF DEA	DS 1CY	UF NOT IN SUC	HOSPITAL, NURSII H FACILITY, GIVESTREET SP. T. COU
MUAL RESIDENCE (IF NURS	13b COUN		13c. CITY OR TOV
Bertram		WIDDLE	Hallam
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MARRIED X NEVER MARRIED WIDOWED DIVORCED [SUCH FACILITY, GIVE STREET ADDRESS)

June 28 1911

126 KIND OF BUSINESS OR President Lumber Co

9. BALTIMORE CITY OR COUNTY OF DEATH

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	Flo	rence	3	MIDDLE	F	ord	LAST
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13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE___.

215-05-0049 Gladys C Hallam Same as #13 er line far iai, (b), and ic

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AT WORK		
220.1 certify tha (1) (this haspital) attended the deceased from	Hugust 19 85 to	October 19 86 , that (we) las
saw the deceased glive an 19 abave, (1) we) yaidy (did not) view the bady after death.	and that in (my) aur) apinian death o	and the date and have and Iram the causes stated
22b. SIGNATURE	DEGREE	22c. DATE SIGNED
louged I momo		CTOR PHYSICIAN (10-2-66

MAQUELLA

NANDALL I	HOMIAZ, MI	D.	LUSBY,	MARYL	AUD	
BURIAL, CREMATION, REMOVAL			ERY OR CREMATORY			COUNTY
Burial	60ct1986	Prospect	Cemetery	Front	Royal	Warren

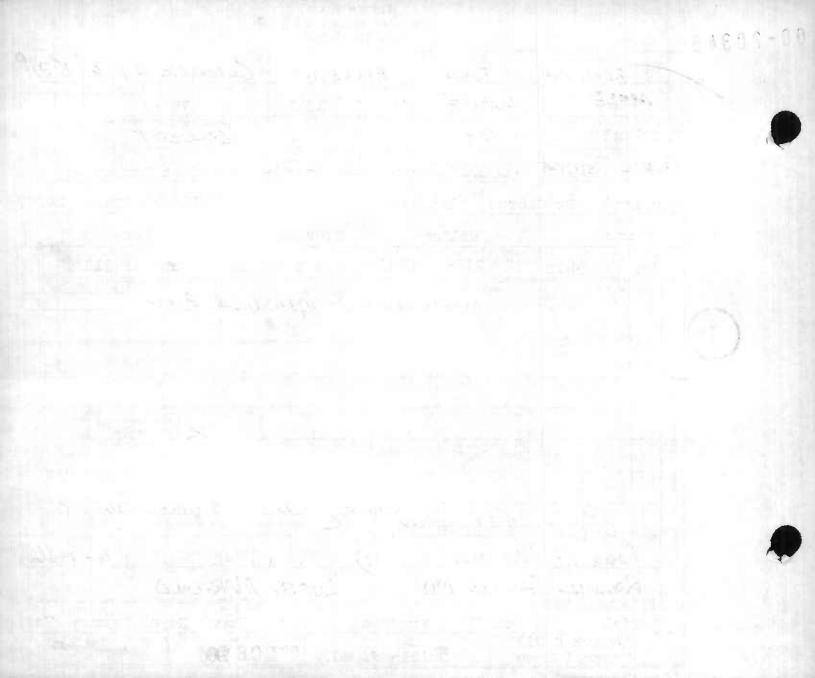
24 FUNERAL ROBert E Wilhelm

Suitland, Md.

250. DATE REC'D. BY REGISTRAR 255, REGISTRAR'S SIGNATURE.

DHMH - 16 60M 7/B4 (VRA 15, 4)

Funeral Home



STATE OF MARYLAND

DHMH - 16 60M 7/B4 (VRA 15, 4)

Burial

24 FUNERAL DIRECTOR

W.Clarke_Mattingley Leonardtown. MdneT 9

Oueen of Peace

Helen

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

10/29/1984

STATE

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n n .	-20029	1 -	FOR STATE REGISTRAR		DEPARTA	NENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 👸	6 EREG. NO.	2 8	ઇ કે ન
0 0	20023		CEASED NAME FIRST	MI	DDLE	L	AST	20. DATE OF D	EATH MONTH	DAY YEAR	2b HOUR
	3 75		John		H	I	larner	10	01	86	1545 M
	8 8 7D	1.56	X.	4. RACE		S. DATE C		6 AGE (IN YEAR	S LAST BIRTHDAY)	MONTHS DAY	
	ector sat	1	Male	Whi	te	5-3	2-1909 YEAR	77	YRS		S HOURS MIN.
	2 32 50	7a 8	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W		B.	NEVER MARRIED	9. BALTIMORE	CITY OR COUN	TY OF DEATH	
		2	aryland	U.S.A		WIDOWE	DXX DWORCED		vert		MD.
10	1 116	11	nce Frederick	11. NAME OF HO OF NOT IN SUCHI Calvert	OSPITAL, NURSIN FACILITY, GIVE STREET, Memoria	G HOME C ADDRESS! HOS	or other institution spital	Retii	CUPATION or MOST OF WORKING	LIFE) 126. KIND	P. O.
ND 212	1 1 1	130.	AL RESIDENCE IN NURSING HOME OF STATE Prin	other institution, G	VE RESIDENCE BEFORE 31. CITY OR TOW YATTSV	Pile	13d. INSIDE CITY LIMITS?	STREET AP	press/zipco losemar	y Lane	20783
XI.	at 25 程/》		ATHER'S NAME		LAST		15. MOTHER'S MAIDEN NA		AIDDLE		
MAR	ed w	F	loward	MIDDLE	Harner		Florence			DeBerr	ÿ
IMORE,	n and co	160 \	VAS DECEASED EVER IN U.S. AR		66 SOCIAL SECU 577-60-		Mrs. Rita	M. Cas	addres SAm	e as #	13
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	AN: The low requires that the death cert hysicion. Ficate has been signed by the attending remain permit. Then please remove carbon rigine prior to buriol, cremation, or relatives ony injury, or other traumatic e	AL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost PART 2. OTHER SIGNIFICANT (19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING COCONTRIBUTING CAUSE OF DE	ONDITIONS CONDITIONS C	ON FOR WHICH	DEATH BUT	DISEASE NOT RELATED TO THE TERM	200 AUTOPS	OR CONDITION C	YES, WERE FINI TIFYING CAUS YES []	DINGS USED SES OF DEATH? NO
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		23a I	SURIAL, CREMATION, REMOVAL SUPIAL				EMETERY OR CREMATORY	23d. LOCATI	TOWN	COUNTY	STATE
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	DHMH - 16 60M 7/84 (VRA 15, 4)	Ta	uneral director akoma Funeral	Home,	N. Wowwa	sh.D	c.20012		ISTRAR 25b. REG		A pandalle

June Davidson- Mondale

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	1	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE &	8 3 3 3		
0-20804		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	•		
a. m=		DECEASED NAME FIRST YPE OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR		
nay be page 3		Nell	Herring	Hearn	10-11-			
4 mo	3	SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN		
ge 4		Female	White	Oct. 16, 1923	62 YRS			
Po Po	70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	ITY OF DEATH		
death in 7		orth Carolina		WIDOWED DIVORCED	Calvert	MD.		
ofter of the full	9	rince Frederi	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS Drial Hospital	120 USUAL OCCUPATION LIVE OF WORK FOR MOST OF WORKING Statis=1cal	126. KIND OF BUSINESS OR INDUSTRY 5. Frank Lev		
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours ysicial and completely filled in by yours. Road and stroud be fill yours. Food and stroud be fill yours.	35	SUAL RESIDENCE (IF NURSING HOME OF B. STATE 136 COULD Cha	R OTHER INSTITUTION GIVE RESIDENCE BEFOR	EADMISSION) 134 INSIDE CITY LIMITS? 1 CSV1 1 BE NO 1	Typis 13e.STREET ADDRESS / ZIP CC Rt. 2 Box 56	DDE		
MARYL.	188	Hannibal	MIDDLE Herrin	g Beulah	AME	Turñer		
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15, 201 W. PRESTON ST., By uries that the death certifical signed by the ottending physis and please remove carbonopo be build cremation, or remove our or amount or way or other traumonic event.		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	ENCE OF	MINAL DISEASE OR CONDITION O	7		
NI RECORE The low require to the source on the source on the source one or the source one or the source one or the source one or the source of the source o		19a DATE OF OPERATION	19b, CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF V IN CER	YES, WERE FINDINGS USED ITIFYING CAUSES OF DEATH? YES NO		
ON OF VITA IYSICIAN: Ti ding physici is certificate buriol-transi Mental Hygis sy tem 18 sh	/ 2	00.000.000.000.00	ATH HOUR A.M. MONTH D	AY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM ?	8 PART I OR PART 2)		
IVISION IG PHYS attendin ter this of the burner of the	7	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	PARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE		
ATTENDI spital or CTOR: A for use of Heol		sow the deceased alive or above, (1) (we) (did) (did no	ot) view the body ofter death.	, and that in (my) (our) opinion	, to			
PITAL OR A by the ho: ERAL DIREC Stote Depth		K warman	ee Yazda	PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	226. DATE SIGNED		
TO HOSPITAL retained by the TO FUNERAL should be det with the Store MPORTANT:		RionMare	1	22e. ADDRESS Prince Fre	derick, Md. 2	20678		
D = 5 € 3 ₹	23	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION			
BP		Burial			erans Cemetery, Cheltonham P.G. Md			
DHMH - 16 60M 7/		FUNERAL DIRECTOR	Home Malaness	.O. Box 156 250 DA	TE REC'D. BY REGISTRAR 256, REG	ISTRAR'S SIGNATURE		

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ar Tark. watner Frenchak, in sym .

| 12/16/26 No. Unique na Locatary, Chel tonhumol. G. Del.

dusti funeral Home, releast, ad. 58667

executed within 24 hours ofter death. Page

MDING PHYSICIAN: The low requires that the death certificate be

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG. NO

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20678 county STATE Calvrt MD

Rausch Funeral Hones owings

DHMH - 16 60M 7/84

TO FUNE ALL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be director. An included the state of the should be filled within 21 fours after death with the State Death and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANCE if them 21 is marked or litera 18 shows ony injury, or other troumotic event, the medical

(VRA 15, 4)

BP.







s designation and all a live

STATE OF MARYLAND

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN TX (TYPE OR PRINT) ESTI-WILFORD DEATH MATED 1986 JONES 3. SEX 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE 4:16 P M LAST BIRTHDAY PRONOUNCED DEAD 1986 Male Black June 04 1945 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY MARRIED & NEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED Calvert County Maryland
ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Calvert Memorial Hospital Prince Frederick Labor 1136 COUNTY 13a. STATE 13e. STREET ADDRESS 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 20639 P.O. Box 95 Marvland Calvert. Huntingtown YES NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Genious Jones Jones Mary 16e WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** HE YES GIVE WAR OR DATES 4465 Harvet Rd. Huntingtn 219-42-3702 MacArthur Jones 18 CAUSE OF DEATH (Egter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY JAMMEDIATE CAUSE (0) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19e. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 71g EXTERNAL CAUSE WAS 116. TIME OF INJURY
HOUR AND MONTH DAY YEAR 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING 3:21P.M. 10-25-19 86 Driver of auto/auto collision. CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STATE road Rt. MD 4 Huntingtown, Calvert X 228. I certify that I took charge of the remaigs described above, held on Autopsy Inspection death resulted rom Notural causes Undetermined monner TITLE (SPECIFY) 10-26-86 Assistant EXAMINER'S NAME Dennis F. Smyt Penn St., Balto., MD 21201 (TYPE OR PRINT) ADDRESS 23d. LOCATION 23g BURIAL CREMATION REMOVAL THE DATE STATE Patuxent Chr. Cem. Buria1 30 - 86Huntingtown 07/B4 BP Calvert Md 25M NOV 05 SOO 24 FUNERAL DIRECTOR 756 REGISTRAR'S SIGNATURE DHMH - 17 (VR A15 ME (5)) Spencer E. Sewell Box 31 Prince Frederick, Md

STATE OF MARYLAND

AND BUYER

The attending physician and campletely filled in by the funeral director, page 3 minuse carbon papers. Pages 1 and 2 should be filled within 12 hours after death

carbanpapers. Pages 1 otic event, the medical or removal.

ingreed by

TO FUNERAL DIRECTOR: After this certificals has been should be detached for use as the burial training permits with the State Dept. of Health or d Minital Highere in the

TO HOSPITAL

BP.

IMPORTANT: If Hem 21 is marked at Himited

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MEN
STATE	CERTIFICATE OF REA

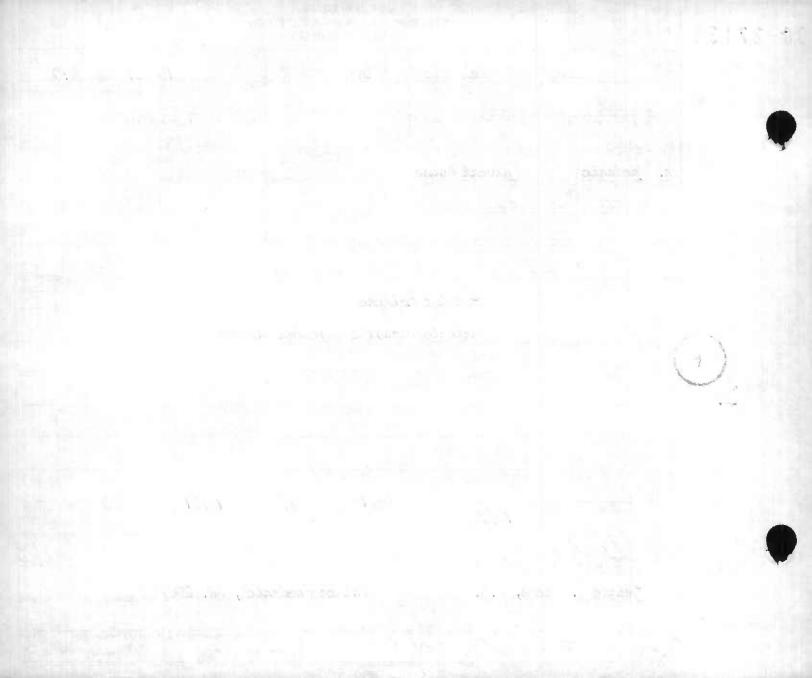
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	DEC NO

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		REGISTRAR							REG N	10.		
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DHMH - 16 60M 7/84 (VRA 15, 4)



Hyattsville, Maryland

(VRA 15, 4)

F. Gasch's Sons

STATE OF MARYLAND

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4 moy be	3. SE			4 RACE	WILL O	5. DATE		6. AGE (IN)	EARS LAST BIRTHD	AY) FUND	DER I YEAR	IF UNDER 24 HRS
ye 4	F	emale	1	White		Octo	ber 22. 1901	85		YRS.	S DAYS	HOURS MIN.
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The Part of		aryland	Calv		Lusby	VN	130. INSIDE CITY LIMITS?	Box 3	ADDRESS / ZI 02-A, M	P CODE	eek D	r 206
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ned i	N	YES, NO OR UNKNOWN)	N A	WAR OR DATES)	578-32-	6444	Kathleen M	Telfe		DOY)		
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ng physician certificate h rial-transit ental Hygier frem 18 shav	W W	21a. ACCIDENT WAS UNI		21b. TIME O		AV VEAR	21t. HOW INJURY OCCU	IRRED (ENTER NA	TURE OF INJURY IN	ITEM IS PART I O	R PART 2)	
of ph	¥	OR CONTRIBUTING		HOUR A.	M. MONTH D	AY YEAR						
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AH - 16 60M 7/84 (VRA 15, 4)		NAME		TO A . B	orgwand t				_ C.G. NAM 130.	OIDINAK 3	3.0147101	V 6
(VRM 13, 4)	Rt.	264, Box	3/1B, I	Port Re	public'	Maryla	and 206761 0	CT 20	1996		Anna III	To and the land

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-NECESSARY, PLEASE UNERAL DIRECTOR. YOUR FILES. WITHIN 72 HOURS DEATH MATED Cephas RANDALL Ernest 10:AM SEX 4. RACE 6. AGE (IN YEARS IF UNDER 24 HRS DATE PRONOUNCED 1900 85 Oct. 30 DEAD Male Black 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED X NEVER MARRIED FOREIGN COUNTRY USA DIVORCED Calvert Co. Maryland WIDOWED II. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE! OR INDUSTRY Farmer Calvert Memorial Hospital Frederick, Md LISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 21201 13e STREET ADDRESS 13a. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Box 239 Grovers Turn 20736 Calvert NO X Maryland Owings 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST Holt Randal1 Susie Cephas 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? IAL SOCIAL SECURITY NO " (YES, NO. OR UNKNOWN) F PERMIT, PAGES 214-38-6430 Dorothy Adams Box 231 Owings. Md CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A GONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stating the under-OR AS A CONSEQUENCE E USED AS A BURIAL-OF HEALTH AND MER URIAN CREMATION, C lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 70 AUTOPSY? OUID BE FORWARDED TO THE CHIEF
AL DIRECTOR: PAGE 3 SHOULD BE USED
IH, WITH THE STATE DEPARTMENT OF H
;, MARYLAND, 21201 PRIOR TO BURIAN YES 71g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE AT WORK 22a, I certify that I taak charge of the remains described above, held on Autopsy and in my opinion Inspection death resulted from: Suicide Homicide Undetermined manner Notural causes TITLE (SPECIFY) PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, I BALTIMORE, M. MEDICAL EXAMINER EXAMINER'S NAME Emad Albanna, MD (TYPE OR PRINT) **ADDRESS** 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY COUNTY STATE 21,1986 Carters Church Cemetery Friendship Buria1 A.A Co 07/84 BP 250. DATE REC'D. BY REGISTRAR 236 REGISTRAR'S SIGNAM 25M 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) Spencer E. Sewell Box 31 Prince Frederick

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the haspital ar attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

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Zb	1. DEC

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anin 24 hours ofter death. Page 4

FOR STATE REGISTRAR DEPARTMENT OF HEALTH AN CERTIFICATE O

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	E 9
CERTIFICATE OF DEATH	8

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G. NO.					

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3441	CEASED NAME FIRST	WIDDLE	L	AST	20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOL	JR .			
/	John	Dulanev	Ro	wles		10 3	28 8	6	10	: 25 8			
SEX		4 RACE	5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY)	IF UNDE	RIYEAR	IF UNDER	-			
m	nale	white	MONTH	7 29	57	YRS.	MON1HS	DAYS	HOURS	MIN.			
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_	VAS DECEASED EVER IN U.S. ARA			Fannie	ADDRE	SS		ulo	ney				
	(IF YES, GIVE	WAR OR DATES)											
-	yes Kor	ea 578 34	7938	Helen M.	Rowles sam	e as	s #1	3					
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED	y one cause per line for (a), (b), an	Acis +		4		3	APPROXI	MATE INTER	DE ATH			
		E CAUSE (a) CALO	IAC	arres									
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	couse (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF												
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z	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERA	INAL DISEASE OR CON	DITION G	IVEN IN F	PART 1:c	3 '				
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.nepical	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	VN	COL	JNIY	5	STATE			
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DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATHO REGISTRAR 1. DECEASED NAME 7h HOUR 70 DATE KNOWN (TYPE OR PRINT) OF ESTI- $\Box 10$, 86 Charles E Walker 0.1 DEATH MATED 4:05A OR 4 RACE 6 AGE (IN YEARS IF UNDER 1 YR. 2d HOUR 5. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED ,86 10 31 DEAD 4:05A 29 54 YRS Dec. White 7b. CITIZEN OF WHAT COUNTRY? ZAURIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED M NEVER MARRIED FOREIGN COUNTRY DIVORCED West Va WIDOWED Calvert IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Calvert Memorial Hospital OR INDUSTRY rince Frederick Schoolteacher Public WAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY BALTIMORE, MD, 21201 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 2140 Palisades Dunkirk YES Driv Maryland Calvert 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE LAST Grace E. Byrd James H. Walker 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS T. PAGES 1 DIVISION (YES, NO, OR UNKNOWN) I LIF YES, GIVE WAR OR DATEST 1951 /1953 235523745 Mary C. Walker same as Yes APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last. DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) OF HEALTH A CERTIFICATION 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ICATE, WRITE FORWARDED TO THE CITOR: PAGE 3 SHOULD BE USE TOR: PAGE 3 SHOULD BE USE THE STATE DEPARTMENT OF I YES [NO [21g. EXTERNAL CAUSE WAS 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 71f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE WHILE 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion 4 SHOULD BE FINEPAL DIRECTO death resulted fram: Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE EXAMINER'S NAME Emad 20678 Prince Frederick, R. M.D. MD Al-Banna, EXECUT PAGE 4 TO FUN AFTER BA (TYPE OR PRINT) THE BURIAL CREMATION REMOVAL THE DAT Th. NAME OF 07/84 25M 75hi REGISTEAR'S SIGNATUR **DHMH - 17** (VR A15 ME (5))

Male White Dec. 29 31 54

Maryland Calvert Dunkirk

West Va. USA

James H. Walker

Schoolteacher Public

12140 Palisades Drive

Grace E. Byrd

Yes 1951/1953 235523745 Mary C. Walker same as é 13a

and the same of th

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 20. DATE KNOWN MONTH TYPE OR PRINTS ESTI-EVERETT CHARLES WILLIAMS DEATH MATED 10 111986 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c DATE 56 BIRTHDAY PRONOUNCED Feb. 5, 1930 Male White DEAD 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH TO RIPTHPLACE ISTATE OR MARRIED W NEVER MARRIED North Carolina U.S.A. Calvert County DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS American Calvert Memorial Hospital Pest Control Prince Frederick Dnerator Disinfected 13d. INSIDE CITY LIMITS? Maryland Landover 6448 Old Landover Road 20785 YES X A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Kivett Clarence Williams AD6448 Old Landover Rd. 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (Wife) Yes, NO OR UNKNO 244-38-7455 Arzella C. Williams Landover, Md. 20785 18. CAUSE OF DEATH (Enter only one cause per lime for (a) Ab), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (c DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 II 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY WHILE AT WORK 220. I certify that I taak charge of the remains described above, held an Autopsy Hamicide Suicide Undetermined manner PAGE 4 SHOULD B TO FUNERAL DIREC AFTER DEATH WITH TITLE (SPECIFY) Calvert County Memorial Hospital Emad R. Al-Banna Prince Frederick, Maryland 30 BURIAL, CREMATION, REMOVAL 236. DATE 10/15/86 Lakemont Memorial Gardens Davidsonville Anne Arundel Md Burial 07/84 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 25M 'Francesch's Sons Funeral Home, P.A. 20781 **DHMH - 17** (VR A15 ME (5))

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	20441		1 - STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATHO REG. RO. 8									
			CEASED NAME FIRST		MIDDLE		LAST	20. DATE KNOWN XX	MONTH DAY YEAR 26 HOUR			
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	2 # W 8 =	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HO	ME, OR OTH	ER INSTITUTION	120 USUAL OCCUPATION (TYPE O	OF WORK 126 KIND OF BUSINESS OR INDUSTRY			
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	WELL BY		L RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GO		-		Farmer	Facilities			
30	Segrand Company	730. S			13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	Rt. #1, Box 18	1 20678			
	4444		ryland Cal	vert	Pr. Frede	erick			1, 20070			
- QV	H-SOM//		THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDE	MIDDLE	LAST			
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	MEDICAL CUTE THE CUTE THE FUNERAL MODE THE		EXAMINER'S NAME MAY	garita A.	Korell. M	D.	ADDRESS 111	Penn St., Balto.	, Md. 21201			
	PAGE PAGE	22- 0			23c. NAME OF		ADDRESS					
		738.B	JRIAL, CREMATION, REMOVAL	COU DATE				23d LOCATION CITY OR TOWN	COUNTY STATE			
07/84 25M	BP	24.5	Burial	10-6-1986	Asbury	Meth	dist Com.	Barstow, Calve	ert, Maryland			
	DHMH - 17	24. F	14 MARIE	ld V. Borg	wardt		ZOO. DATE	REC D. BY REGISTRAR 138. REGIST	KAK S SIGNATURE			
	(VR A15 ME (5))	Rt.	#264, Box 34B	, Port Rep	public, Ma	ryland	20676	T 09 1986 1	No. of Contract of			